



# NOTICE OF AFTER HOURS INSPECTION (Emergency)

Inspection Date: \_\_\_\_\_

Time Paged: \_\_\_\_\_

Time Completed: \_\_\_\_\_

Project Name and/or Location: \_\_\_\_\_

\_\_\_\_\_

Permit #: \_\_\_\_\_

Inspector: \_\_\_\_\_

Callout details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Responsible Party: \_\_\_\_\_

Company Name: \_\_\_\_\_

***The hourly rate for After Hours Inspection is \$205 per hour***

Number of Hours: \_\_\_\_\_ hrs. @ \$205 per hr. = \$ \_\_\_\_\_

Staff Approval: \_\_\_\_\_

## Planning & Development Services Department

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